



CDBG-DR

Α

	Contractor Type	Contractor Na	me:	Sector:	[Sector Name]		
	Entity			Program/Area:	[Program Name]		
	Subrecipient	[Name]		Contract No.:	[Number]		
	Contractor	Contractor Ad	dress:	Invoice No.:	[Number]		
				Invoice Date:	[Date]		
		[Address]	Invoice Amount.:	\$ -		
		Project:	[Description]				
Cont	ractor	Cr I	necklist	ostanti e re			
Yes	N/A		Desc	ription			
		Invoice Checklist					
		Invoice					
		Activity Detail / Canopy Reports (if applicable)					
		Evidence of Payment or Certifications					
		Supporting documents of the	work performed				
		Monthly Report					
		Procurement Procedure Compliance Self-Certification					
Important Notice: Our entity has acknowledge the recordkeeping policies and the contractual clause and we hereby certify that we maintain in our archives all the original documents that have been submitted as part of this invoice. All documents are available for future monitoring, audits or other process performed by any entity. Submitted by Contractor's Authorized Representative: Position Print Name Signature Date							
Pos	ition	Print Name	Signo	ature	Date		

ENTITY SUB-RECIPIENT VENDOR LOGO OF NAME

Invoiced To: Puerto Rico Department of 606 Barbosa Ave. Juan Cordero Building San Juan, PR 00918	of Housing				For Project: [Description]				<u>In</u>	Start: [Pi	eriod]	
From: [Name] [Address]					For Invoice:	Contract No.: Invoice No.: Date			<u>Y</u> 6	ardi Contract		
PRDOH Activity	PRDOH COA	Activity Description	Contracted Amount	Previous		This Invoice	e		Total To Date		Balance	e
PROOF ACTIVITY	PROOFI COA	Activity Description	Confidered Amount	Amount	%	Amount	%	Amo	ount	%	Amount	%
		Total			#DIV/0!		#DIV/O!	\$		#DIV/0! \$ #DIV/0! #DIV		#DIV/OI
		ioidi	•		#DIV/U!	-	#DIV/0!	→	•	#DIV/0! \$	•	#DIV/0!
		EXECUTIVE ORDER 2001-73 STATEM	LENT]		Yes	N/A		(If c	ON ACT STATEMEN applicable) Compliance with	
	or has an intere	of absolute nullity, I hereby certify that no public servest of any kind in the profits or benefits to be obtained	under the contract wi	hich is the basis of					<u> </u>		s-Bacon Act	
	the contract, a services under t government en	Id should he be a party to, or have an interest in, the profits or benefits to be obtained under a waiver has been previously issued. The only consideration to provide the contracted goods or the contract is the payment agreed upon with the authorized representative of the nitity. The amount that appears in the invoice is fair and correct. The work has been performed, e been delivered, and the services have been rendered, and no payment has been received					Yes	N/A	l hereby		npliance with the	Section 3
	therefor."		,				Yes	N/A	INSURAN		VERNMENT CERTIF	FICATIONS
					_					and Insuranc	iance with local C ces coverage as c Contract	
	Certified by Auth	orized Representative:										
	[Au	uthorize Representative's Job Title]	[Authorize Repres	entative's - Print]		[Authorize Repres	entative's Sign	ature]		[Date o	of Signature]	
		Position	Print N	lame		Sigr	nature		_	[Date	_



STAFFING

[Sector Name]

[Program Name]

Contractor: [Contract Name] | Contract #: [Contract Number] | Invoice #: [Invoice Number]

Invoice Period: [Start date] to [End date]

Line Item	Name	Classification	Hours	Hourly Rate / Unit Price	Total Cost
1					\$ -
2					-
3					-
4					-
5					-
6					-
7					-
8					-
9					-
10					-
		-			

The undersigned hereby certify:

(1) That all work related to this Activity Detail set forth above has progressed to the point where the task being invoiced merits payment from the PRDOH in accordance with contract terms and conditions; (2) That all supporting documentation related to the tasks herein have been uploaded to the Program's System of Record and is available for review by the PRDOH or its designees, where applies; (3) That no previous invoice submitted to the PRDOH has included a request for payment for the tasks herein invoiced; (4) The cost included are eligible for CDBG-DR funds, comply with Program requirements and HUD's eligibility. (5) That all staff herin invoiced has received a compensation for work performed in this invoice.

Certified By:	
[Authorized Representative Signature]	 Date

CDBG-DR C.22

PROFESSIONAL SERVICES BY DELIVERABLES OR SERVICES

[Sector Name]

[Program Name]

Contractor: [Contract Name] | Contract #: [Contract Number] | Invoice #: [Invoice Number]

Invoice Period: [Start Date] to [End Date]

Line Item	Vendor Name	Contract Number	Invoice Number	Description of the Deliverable or Service	Total Cost		
1					\$ -		
2					-		
3					-		
4					-		
5					-		
6					-		
7					-		
8					-		
9					-		
10					-		
	Total \$ -						

The undersigned hereby certify:

Cardifical Day

(1) That all work related to this Activity Detail set forth above has progressed to the point where the task being invoiced merits payment from the PRDOH in accordance with contract terms and conditions; (2) That all supporting documentation related to the deliverables and services herein have been uploaded to the Program's System of Record and is available for review by the PRDOH or its designees, when applies; (3) That no previous invoice submitted to the PRDOH has included a request for payment for the deliverables and services herein invoiced; (4) The cost included are eligible for CDBG-DR funds, comply with Program requirements and HUD's eligibility. (5) That we have validated that all required information and certifications that support the authorization for payment of deliverables, works, task, milestones, etc. listed below in whole or in part have been properly documented in the Program's System, when applies. (6) That the staffing here invoiced has received a compensation for work performed. (7) That all materials, property, equipment, or services included in this invoice were contracted in compliance with all the requirements of the PRDOH's procurement policies and procedures.

Cermied by.	
[Authorized Representative Signature]	Date